

**APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY FOR  
MOBILE TRANSFER UNITS**

(Please refer to the instructions on Page 5 before completing this form)

**SECTION A. GENERAL INFORMATION**

1. Legal name of applicant.

2. Mailing address of applicant.

E-mail address:

3. Address of principal place of business of applicant if different from 2 above.

4. Type of business entity (e.g., corporation, partnership, sole proprietor).

5. Trade name (if any), dba, or other name generally known to the public.

6. If entity is a corporation, indicate the following:

Date of incorporation \_\_\_\_\_

State of incorporation \_\_\_\_\_

7. If a partnership, state the name of each general partner:
8. Does the applicant carry oil owned by another entity? If so, does evidence of financial responsibility cover a pollution incident or product owned by entity other than the insured?
9. Type of activity performed (i.e., waste oil removal, refueling, etc.).
10. Name, title, and telephone number and facsimile number of contact person.
11. If entity is a subsidiary, provide the following information.
- 11a. Name and address of parent corporation:
- 11b. Date and state of incorporation of parent corporation:
- Date \_\_\_\_\_
- State \_\_\_\_\_
12. Has applicant or parent corporation ever been named as debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy) U.S. Code or similar non-U.S. statute?
- \_\_\_\_\_ Yes (If yes, please explain in a separate document)
- \_\_\_\_\_ No
13. Name and address of person to whom the certificate(s) should be sent.

## SECTION B. DESCRIPTION OF UNITS

Provide a complete listing of units for which you wish to obtain certificates. For each unit, provide the following information (you may use this form or attach a separate listing labeled "Section B"):

[illegible]

(You may attach a continuation sheet if necessary)

\* Type= Tank Truck, Semi-Trailer, Pull Trailer, Vacuum Truck, Vacuum Trailer, or other (specify).

SECTION C. DECLARATION TO BE COMPLETED BY ALL APPLICANTS

I, \_\_\_\_\_ (print name), am the applicant, or I am a principal of the applicant, an authorized agent\* or an official of the applicant, and have the authority to sign this application on behalf of the applicant. I DECLARE under penalty of perjury that I have examined this application, including any accompanying documents, schedules, and/or statements, and to the best of my knowledge and belief, it is true, correct, and complete. Furthermore, it is agreed that the applicant named in Section A of this application is the responsible party in the event of an oil spill. I execute this application in my capacity as applicant, principal of the application, official of the applicant or as the authorized agent as evidenced by the delegation of such authority provided below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Official Capacity

\* Note: If the Declaration is signed by an authorized agent of the applicant, the applicant or a principal of the applicant must sign the following Section D. Delegation of Authority:

D. DELEGATION OF AUTHORITY BY THE APPLICANT

(Must be completed by the applicant or principal of the applicant if the above declaration has been executed by an agent acting on behalf of the applicant)

I, \_\_\_\_\_ (name of the applicant) hereby  
declare that \_\_\_\_\_ (name of authorized  
agent whose signature appears in Section C) is authorized to submit an application for a  
California Certificate of Financial Responsibility on behalf of the applicant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Official Capacity

## Instructions

Submit completed application to:

Address for material delivered by  
U.S. Mail Service:

Department of Fish and Game  
Office of Spill Prevention  
and Response (OSPR)  
P.O. Box 944209  
Sacramento, CA 94244-2090

Address for material delivered by  
courier service:

Department of Fish and Game  
Office of Spill Prevention  
and Response (OSPR)  
1700 K Street - Suite 250  
Sacramento, CA 95814

### Application Process:

Applications will be reviewed within 21 calendar days and, provided that adequate information was furnished, applicants will be notified within 21 calendar days of the amount of financial responsibility they will be required to demonstrate. Certificates will be issued following receipt of the acceptable evidence of financial responsibility.

### Miscellaneous instructions:

If a question does not apply, answer "not applicable."

Applications which are incomplete will not be processed until receipt of additional information needed to complete processing.

If additional space is required, supplemental sheets may be attached.

Please contact the Financial Responsibility Unit at (916) 324-0009, or by facsimile number (916) 323-4727, if you have any questions.